New Hampshire Coronavirus Disease 2019 Weekly Call for Healthcare Providers and Public Health Partners

June 10, 2021

Ben Chan Elizabeth Talbot Beth Daly Lindsay Pierce

Thursday noon-time partner calls will focus on science, medical, and vaccine updates geared towards our healthcare partners



Next Week's Thursday Call is CANCELLED

- Our Thursday noon-time partner call next week (6/17) is cancelled
- Our next "healthcare provider and public health partner" call will be Thursday 6/24 from noon-1:00pm

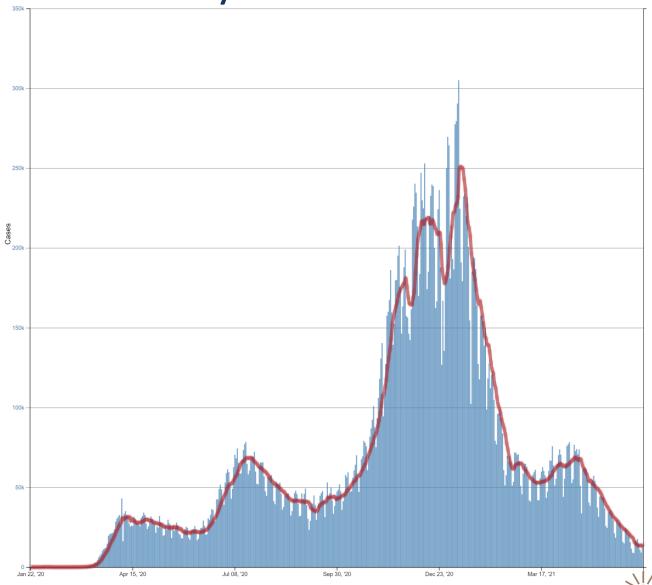


Agenda

- Epidemiology update
- B.1.617.2 variant of concern/interest ("delta" variant)
- Healthcare worker burnout
- Questions & Answers (Q&A)

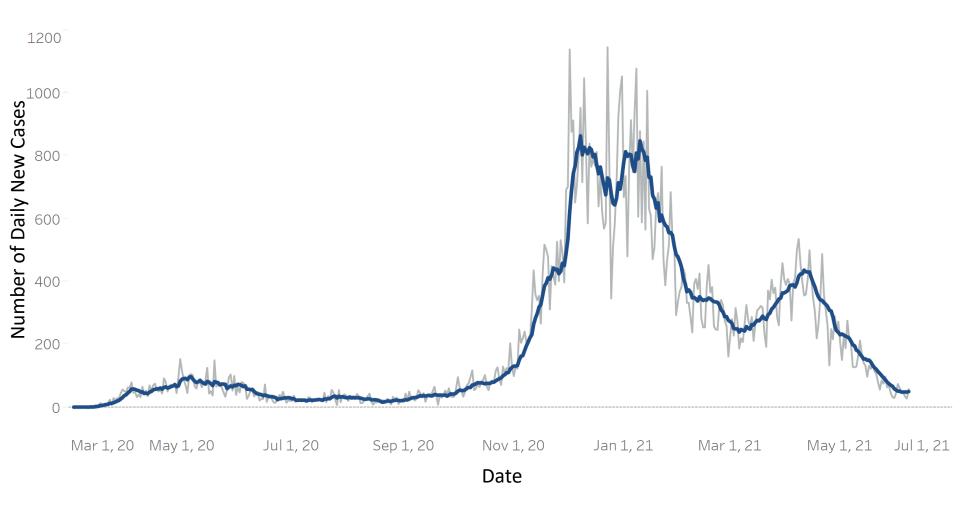


U.S. National Daily Incidence of COVID-19



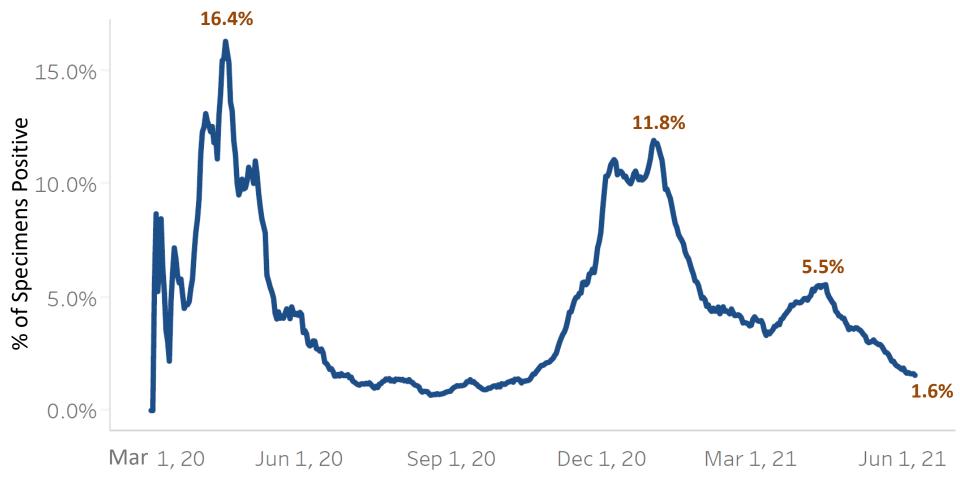
Department of Health and Human Services

Number of New COVID-19 Cases per Day in NH





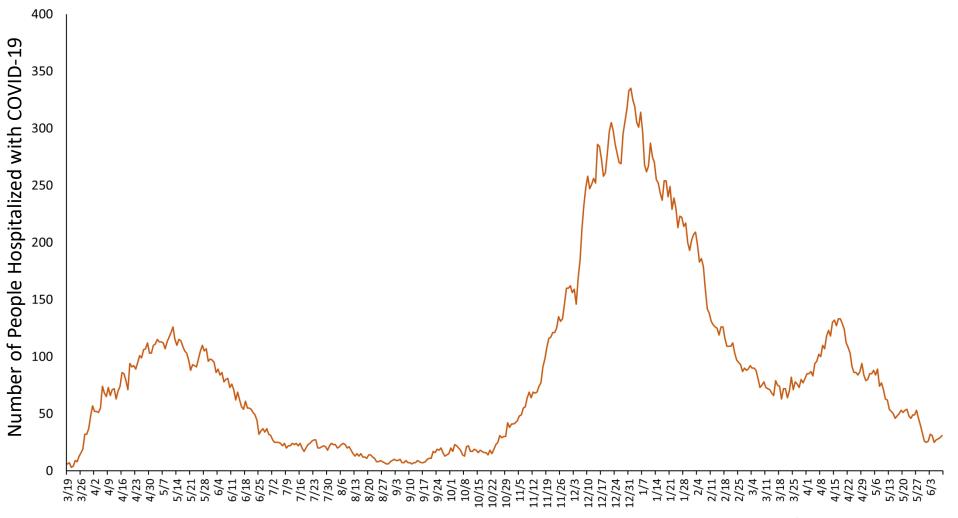
% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



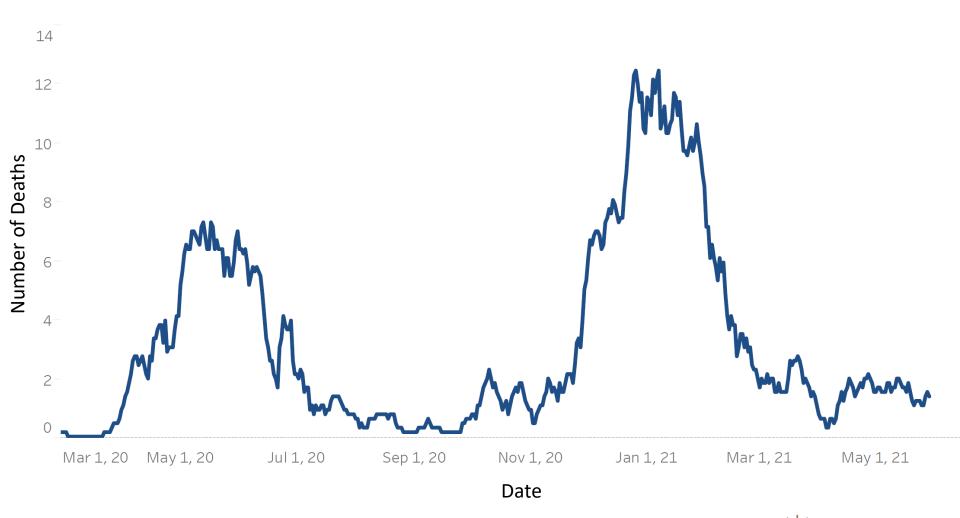
Date Laboratory Test Completed



Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)



Average Number of COVID-19 Deaths per Day in NH (Based on Date of Death)

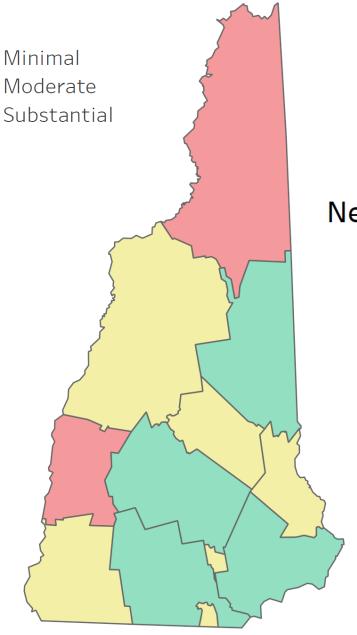


Level of Community **Transmission**

Substantial

Statewide Level of **Transmission**

Moderate



New Cases per 100k over 14 days

53.6

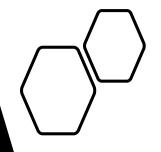
7-Day Total Test Positivity Rate

1.6%

Data as of: 6/9/2021



Climate crisis Health care delivery in conflict/crisis Health care equity Access to treatments Infectious diseases control Epidemic preparedness Unsafe products Underinvestment in health workers Adolescent safety Improving public trust of HCWs Capitalizing on tech advancements Threat of AMR Water, sanitation and hygiene (WASH)



Jan 2020

WHO Urgent Health
Challenges for
Decade

Impacts to U.S. HCWs

- WP/KFF poll in 1,327 US frontline HCWs Feb 11 Mar 7
 - 55% said they are burned out
 - 61% said pandemic stress has negatively impacted their mental health
 - 3 in 10 have considered leaving their profession, fueled by burnout, trauma, and disillusionment
- Respondents cited
 - Worry about getting infected or infecting others
 - Lack of equipment to protect themselves or treat patients
 - Guilt and trauma over patient deaths
 - Frustration with governments and some in the public for refusing to enforce or take basic risk mitigation precautions

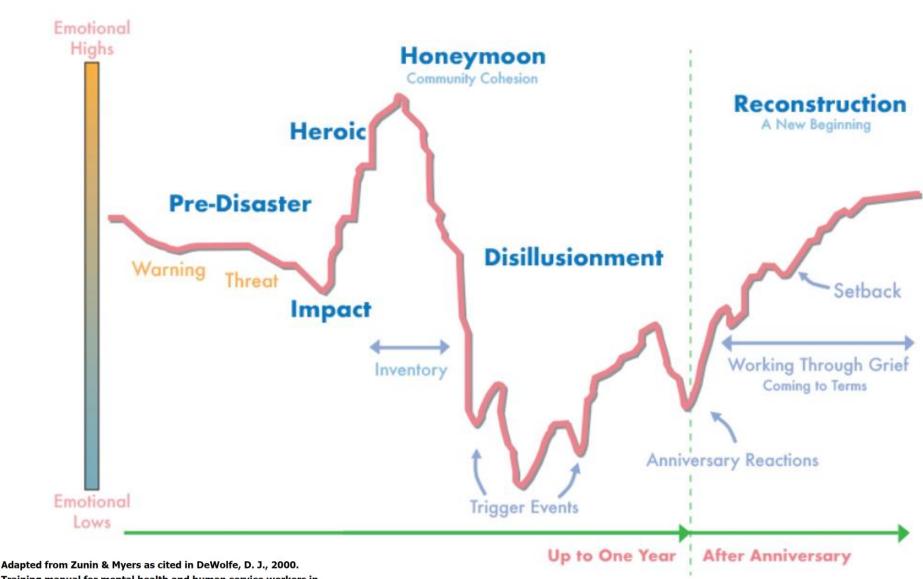


Negative Impacts of COVID-19 on HCWs

Total frontline health care workers	Mental health 62%	Physical health	Relationships with family members	Relationships with coworkers 41%
Age				
18-29 years old	75%	56%	46%	50%
30-49 years old	65%	52%	47%	41%
50-64 years old	51%	43%	36%	34%
65 and older	40%	33%	30%	29%

Negative Impacts of COVID-19 on HCWs

Yet, 76% of respondents said they feel "hopeful," Two-thirds said they remain "optimistic" about going to work



Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000.
Training manual for mental health and human service workers in major disasters (2nd ed., HHS Publication No. ADM 90-538).
Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Lessons to Maintain U.S. HCW Workforce

Pandemic exposed and magnified how illequipped the nation's health system is to deal with public health emergencies

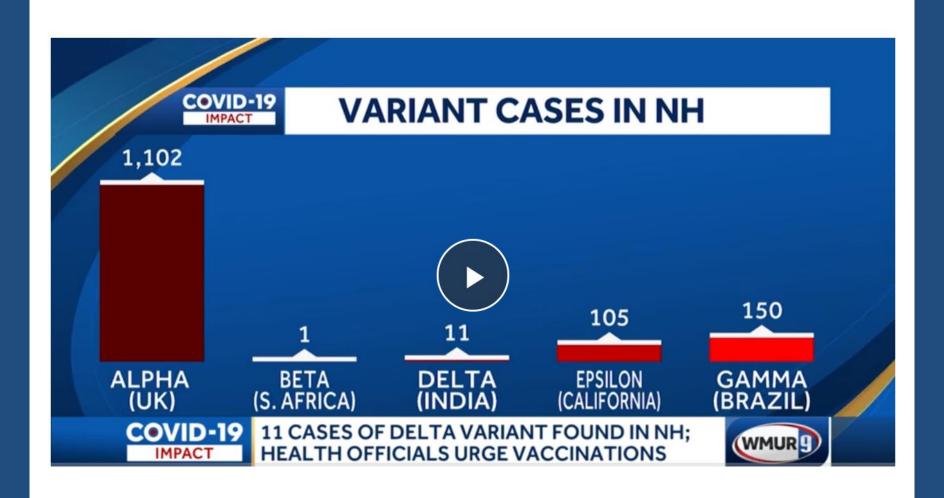
Even prior to pandemic US faced shortage of doctors and nurses and additional losses to staffing could further harm US health care by making it more expensive, less accessible, and lower in quality

Highlights the importance of addressing mental health to prevent post-traumatic stress, anxiety, depression, substance use, or suicide

Because many HCW suffer in silence, important to create accessible mental health programs

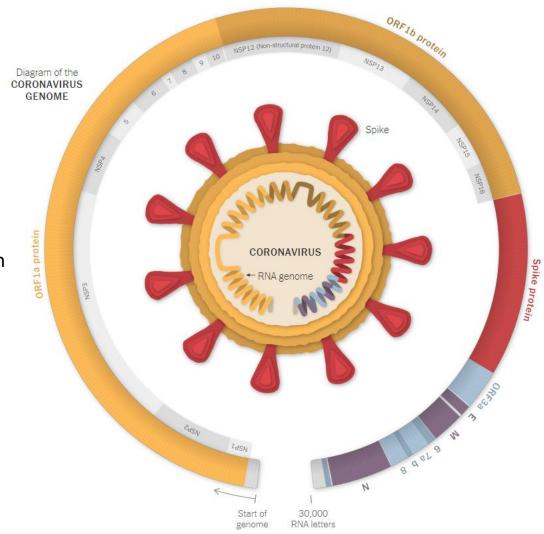
The Rise of the Variants

Viral adaptations to host selective pressures result in more efficient transmission



SARS-CoV-2 Variants

- A variant has one or more mutations that differentiate it from other variants in circulation
- Variants of original Wuhan-hu-1 strain have been emerging and circulating around world throughout pandemic
- Viral mutations and variants are monitored through sequencebased surveillance, lab studies, and epi investigations



Nomenclature for Variants

Variants of interest (VOI): genetic markers that could potentially affect transmissibility, disease severity, or susceptibility to vaccines or therapeutics

Variants of concern (VOC) evidence of increased transmissibility, disease severity, or reduced susceptibility

Variants of high consequence (VOHC) clear evidence of reduced effectiveness for risk mitigation measures or medical countermeasures: none yet

All vaccines available in US protect against severe disease and death for all these variants

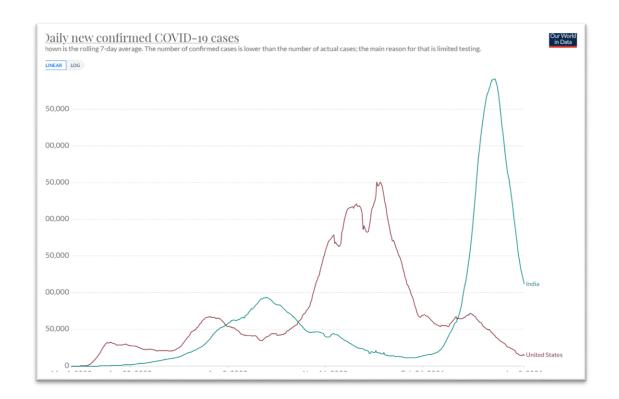


May 31 WHO Announced Name Change

WHO Situation Report 8 June



WHO label	Pango Iineage	GISAID clade	Nextstrain clade	Earliest documented samples		
Variants of Concern (VOCs)						
Alpha	B.1.1.7	GRY (formerly	20I/501Y.V1	United Kingdom,		
		GR/501Y.V1)		Sep-2020		
Beta	B.1.351	GH/501Y.V2	20H/501Y.V2	South Africa,		
-				May-2020		
Gamma	P.1	GR/501Y.V3	20J/501Y.V3	Brazil,		
				Nov-2020		
Delta	B.1.617.2	G/452R.V3	21A/S:478K	India,		
				Oct-2020		



WHO Situation Report 8 June

WHO label	Delta		
Transmissibility	Increased transmissibility and		
	secondary attack rate ^{3,4,5}		
Disease severity	Not confirmed, possible		
	increased risk of		
	hospitalization ⁵		
Risk of reinfection	Reduction in neutralizing		
	activity reported ²⁰		
Impacts on	None reported to date		
diagnostics			
Impacts on vaccine	Protection likely against		
efficacy/effectiveness	The state of the s		
•	on only two vaccines		
	Symptomatic Disease:		
	No/minimal loss: Pfizer		
	BioNTech-Comirnaty,		
	AstraZeneca- Vaxzevria.38		
	Minimal/modest loss: single		
	dose of PfizerBioNTech-		
	Comirnaty, AstraZeneca-		
	Vaxzevria ³⁸		
Impacts on	 Modest/moderate loss: 		
neutralization	Pfizer BioNTech Comirnaty,		
by vaccine	Bharat-Covaxin ^{60,78,79} (Note:		
	sublineage of B.1.617 not		
	specified in Bharat-Covaxin		
	study)		



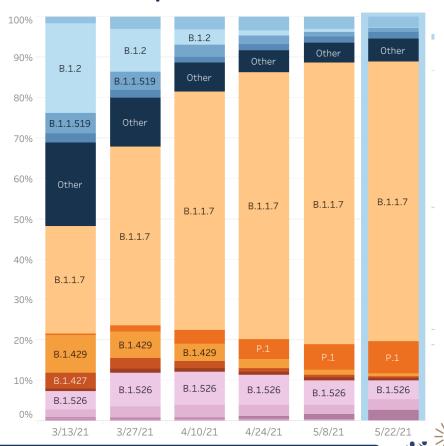
 Substantial loss: single dose of AstraZeneca-Vaxzevria⁷⁸

Delta Variant Emergence

- >80 countries
- >60% of infections in UK
- As of June 9, >6% of infections in US
 - As high as 18% in some Western US states



Variant Proportions in the U.S.



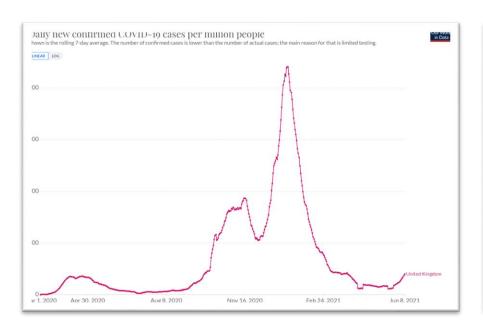
Public Health Services

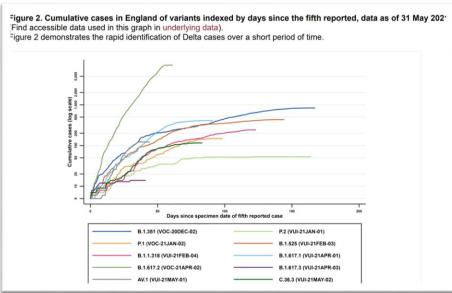
Tracking VOCs in New Hampshire



Delta Emergence in UK

Potential for a new wave threatening their scheduled reopening June 21





Public Health England Tech Brief 14 Comparing Delta and Alpha Cases in UK

- 1 Oct 31 May case fatality rate Delta 0.2% vs Alpha 2%
- 29 Mar to 20 May showed Delta variant associated with
 - Possible increased risk of hospitalization
 - Hazard ratio 2.61, 1.56-4.36
 - o Increased risk of ED or hospitalization within 14d of specimen collection
 - Hazard ratio 1.67, 1.25-2.23
- 29 March to 11 May found secondary attack rate higher among contacts of Delta cases compared to Alpha
 - 2.6% vs 1.6% among contacts of cases that travelled (deflation)
 - 12.4% vs 8.2% among close named contacts of cases that did not travel
 - 13.6% vs 9% among HHC that did not travel or unknown

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June 8 Announcement re: Delta

Dr. Fauci's Summary

- More severe disease
- Higher risk of hospitalization
- US vaccines show effective

Public Health England May 22

- 2 doses of Pfizer 88%
 effective against
 symptomatic disease from
 Delta compared with 93%
 effectiveness against Alpha
- One dose only 33% protection
- Even higher levels of effectiveness expected against hospitalization and death

Virus evolution is expected, and the more SARS-CoV-2 circulates, the more opportunities it has to evolve

Summary Talking Points Re Delta

Reducing transmission through established and proven disease control methods are crucial to reduce the occurrence of mutations that have negative public health implications

Authorities are encouraged to strengthen surveillance and sequencing capacities and apply a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants based on the local context, and to detect unusual events

Ensure vaccination, with new rationale for series completion

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